



Teaching Health Center Graduate Medical Education Program

Academic Year 2021-2022

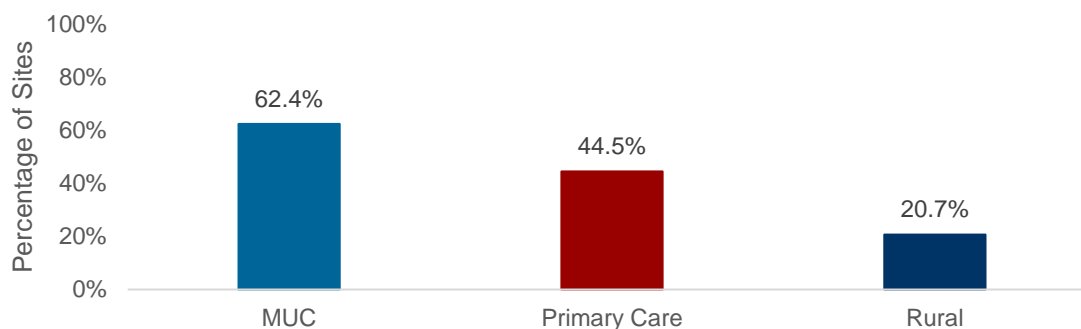
HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high-quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The Teaching Health Center Graduate Medical Education (THCGME) program aims to bolster the primary care workforce through support for new and expanded primary care and dental residency programs, as well as improve the distribution of this workforce into needed areas through an emphasis on underserved communities and populations. In addition to increasing the number of primary care residents training in these community-based patient care settings, the THCGME program seeks to increase health care quality and overall access to care. Following is a descriptive summary of the characteristics and accomplishments of grantee programs and trainees who received THCGME support during Academic Year 2021-2022.

Select Program Characteristics

Medical or Dental Specialty	Total Supported Residency Programs	Total Residents in Training	Total Disadvantaged or Rural Residents	Total Residents Graduated / Completed
Family Medicine	38	563	213	173
Internal Medicine	8	213	41	68
Psychiatry	5	74	20	15
Pediatrics	3	48	20	18
General Dentistry	3	16	4	15
Obstetrics and Gynecology	1	12	3	3
Geriatrics	1	6	0	4
TOTAL	59	932	301	296

Clinical Training Settings



Notes: A Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area, and/or medically underserved population. Training settings are not mutually exclusive.

Select Resident Characteristics

- The THCGME program supported a total of 932 primary care residents during Academic Year 2021-2022.
- Approximately 20% of residents reported coming from a financially or educationally disadvantaged background, while 19% reported coming from a rural background.
- The THCGME program produced 296 new primary care physicians and dentists. Approximately 62% reported intentions to practice in a primary care setting and 48% intended to practice in a MUC and/or rural area.
- Of those residents who completed their programs, 34% reported disadvantaged and/or rural backgrounds and 20% comprised underrepresented minorities.
- Current graduates reported that 55% remained in the state of their residency to practice. This in-state retention rate is equal to the national average of 55%.¹
- Of the 266 prior year program completers with available employment data, most currently practice in a primary care setting (64%) and/or in a MUC or rural area (56%).
- Approximately 23% of prior year completers are currently practicing in Federally Qualified Health Centers (FQHCs) or look-alikes, 7% are practicing in Critical Access Hospitals, and 4% are practicing in rural health clinics.

Select Training Characteristics

- Nearly all residents (99%) received training in a primary care setting, providing care during almost half a million patient encounters and accruing nearly 600,000 contact hours with these primary care patients.
- The majority of THCGME residents (96%) spent part of their training in medically underserved and/or rural communities, providing more than 1.1 million hours of patient care.
- THCGME residents treated over 792,000 patients during more than 1.2 million patient encounters across all settings, significantly enhancing access to care in primary care and underserved areas.

¹ Association of American Medical Colleges. Report on Residents. November 2022. <https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2022/table-c6-physician-retention-state-residency-training-state>

- THCGME-funded residency programs developed or enhanced and implemented 1,831 courses and training activities, impacting over 17,400 healthcare trainees.
- Over 4,900 students, residents, and other health care professionals from a variety of professions and disciplines trained alongside THCGME residents while participating in interprofessional team-based care.
- Among 580 health care delivery sites utilized for residency training, 52% provided telehealth services, 34% offered opioid use treatment services, and 23% integrated behavioral health services.
- Approximately 83% of residents received training on opioid use treatment and 67% received specific training in Medication Assisted Treatment (MAT) for opioid use, leading to 19% receiving a waiver to prescribe MAT.

Select Program Outcomes

- Since the THCGME program began, 2,027 new primary care physicians and dentists have graduated and entered the workforce, which represents an expansion over and above current training caps. Of the total physicians who graduated from their THCGME residencies, their specialties included:
 - 1,235 new family medicine physicians
 - 466 new internal medicine physicians
 - 107 new pediatricians
 - 21 new obstetric and gynecological physicians
 - 7 new geriatricians
 - 69 new psychiatrists
 - 122 new advanced general dentists
- Since the program began, THCGME residents have provided over 4.8 million hours of patient care in primary care settings during 4.1 million patient encounters. Residents additionally provided over 7.9 million hours of patient care in medically underserved and rural settings, significantly expanding access to care in these key settings.
- Since 2017, the first-year additional patient counts were mandated in statute, THCGME residents have treated nearly 3.7 million patients in over 6.0 million patient encounters across all settings. As THCGME residents are funded by HRSA over current physician training caps, these patients may not have been treated had this program not existed.
- As the national average of physicians going into primary care is approximately 33%², the THCGME program has evidenced much stronger results. Cumulative follow-up data of all graduates since the program began indicate that 65% of physicians and dentists are currently practicing in a primary care setting and 56% are currently practicing in a MUC and/or rural setting. These outcome data are significant as primary care physicians and dentists are in short supply nationwide, particularly in underserved areas³.

For more information, visit the website: bhw.hrsa.gov

² Agency for Healthcare Research and Quality. Primary Care Workforce Facts and Stats No. 1. AHRQ Pub. No. 12-P001-2-EF. Rockville, MD. 2011.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration. November 2022. U.S. Supply and Demand of Healthcare Workers through 2035. <https://data.hrsa.gov/topics/health-workforce/workforce-projections>.